

ORAL HYGIENE

A JOURNAL
for DENTISTS

Edited by
GEORGE EDWIN HUNT, M.D., D.D.S.



JUNE
1913

Volume
Number
6

PUBLISHED MONTHLY BY

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JUNE, 1913.

DENTAL RADIOGRAPHY FROM A BUSINESS STANDPOINT

By HOWARD R. RAPER, D.D.S., Indianapolis
Professor of Radiography, Indiana Dental College

Dr. Raper has written a paper here for the young man about to start in the practice of dentistry and for the older practitioner who is not satisfied with the character and size of his practice. Why not read it? It is easy to read.

The following remarks are addressed particularly to young men just starting in the practice of dentistry and to the older men who are not wholly satisfied with the size and class of their clientele.

To arouse your combative, argumentive tendencies I shall make a statement, which on the face of it, seems foolish. Then I shall try to show you that the statement is not foolish at all, but based on sound business sense. The statement: If I were a young man just starting into the practice of dentistry I would buy an X-ray outfit if I had to do without a casting machine and a vulcanizer to pay for it. Or, if I were engaged in the practice of dentistry and did

not have as large or as lucrative a practice as I thought I should have I would buy an X-ray outfit if I had to mortgage my office to do it. I trust the remarks seem foolish enough for the most critical.

Now to defend myself. The first question which arises is: Does the X-ray picture enable us to give our patients better service? Unless this question can be truthfully answered in the affirmative we should give the matter no further consideration. This is a business talk pure and simple, and I shall therefore not enter into a wordy discussion of the value of the radiograph in the practice of modern dentistry. Suffice to say that those who have

read my work on "The Uses of the Radiograph in Dentistry" unanimously agree that the radiograph is of value not only in the exceptional, the unusual, cases, but in the ordinary, the every day cases. Without attempting to blunt my readers' reason by stirring up a keen enthusiasm I have shown by citing over sixty uses of the radiograph in dentistry, that if we wish to render the best dental service, or in many instances even passably good services, we must use radiographs. So let this fact be fixed in our minds: The X-ray picture is a practical, and many times, invaluable aid in our work.

The slogan of the Dental Digest cannot be repeated too often: "As a service to the people dentistry is a profession, as a means of livelihood it is a business."

Dr. Capable Young Man, a recent graduate of college, has just set up in business—i. e., opened a dental office—in a town of, let us say, anywhere from one to fifty thousand inhabitants. He has some knowledge, skill and time he wishes to sell. If a man has something to sell prospective buyers must know about it, or his chances to make a sale are mighty slim. Advertising is simply attracting attention. If Dr. Capable Young Man is not ethical he uses a lot of printer's ink and, in all instances that I have observed, makes many wildly dishonest declarations and so the people

learn that he is on earth and carrying on a business.

If, on the other hand, Dr. Capable Young Man is ethical he puts a *small* sign on his window and his office door and a *small* card in the daily paper. He also sends announcements to his friends only if he has any in the town. Then he sits down in his office and waits for somebody with a bad tooth to find him. A man with a bad tooth does find him finally. He (our young man) relieves the pain and treats the case successfully. The patient goes away satisfied but not particularly impressed, for he has had the same thing done in the same way at about the same price by other dentists. So, relieved of his pain, Mr. First Patient promptly forgets all about Dr. Capable Young Man. If Dr. Young Man had even charged a more dignified fee, instead of cutting the fee to a minimum, Mr. First Patient would not have forgotten him so soon and would have been therefore a better advertising medium.

Time goes on (as time has a habit of doing) and the young man still waits—so do his creditors. Or does the young man simply wait? Of course not. He loafes around the drug store, meeting everybody he can, handing out business cards; he joins church; tries to sing in the choir (anything to attract attention to the "new dentist"); he joins a lodge; he

never misses an opportunity to attend a card party, or dance, or any function at which there is a gathering of people. And so finally, in this way, he accomplishes the same thing the unethical young man does with printer's ink and lies, i.e., he lets people know he is in business and wants patronage.

I have mentioned the two most popular methods of starting into the practice of dentistry (and medicine). I do not like either one. I would dislike to declare in public print that I had a new method that enabled me—me, the discoverer and no one else—to do all dental operations painlessly. Because I would not be telling the truth, or, if I were, I would be immorally selfish. I would not like to mingle socially with people for whom I cared nothing, and I would hate to have the joy of meeting delightful people alloyed with the business of getting them for patients.

Suppose a young man starting in the practice of dentistry acts on my absurd (?) advice and installs an X-ray outfit. It costs him \$250.00 and he does without a casting machine and a vulcanizer to make the purchase. He opens his office and in due time Mr. First Patient appears. He relieves the patient of pain and treats the case successfully. The patient goes away satisfied and impressed. Why impressed? Because for the first time in his life he had an X-ray picture made of

his teeth and the "new dentist" has taken a few moments to explain just why he made the radiograph, and how the study of it helped him to render better service than he would otherwise have been able to give.

What is the result of having impressed one patient? Why that patient tells all of his acquaintances about the man who made the impression. He wants a print to show his wife and friends. He is as truly and enthusiastically interested as a boy with his first razor. And, through him, without leaving the office, a man will make himself known to and remembered by more people than he could meet at three dances, two card parties and a box social. It will not be long before another radiographic case will come along, and that means another campaigner—another walking, talking, boasting "ad."

Few physicians have efficient X-ray outfits. (The old static machine is a useless relic.) The old physician around the corner, to whom the new dentist has shown some of his work gets a case of a fractured arm. There is one physician in town equipped with a modern X-ray outfit who makes good radiographs, but sad, but true, there is so much enmity existing between him and the physician around the corner that, instead of referring the case to his brother practitioner of medicine, Dr. Man Around The Corner goes to the dentist and asks

him to make the picture. The making of a radiograph of the arm is, compared to the making of a dental radiograph, an extremely simple procedure. There is no reason why he should not, so our young man makes the radiograph. Result: The old doctor around the corner, the patient with the broken arm and the families of each know about and talk about the new dentist who makes X-ray pictures.

In the course of one or two years the young man with the X-ray outfit as a direct result of his radiographic work has built a practice that he could not possibly have obtained in any other manner in less than five or ten years. Now he need not send his cases to the laboratory to have his casting and vulcanizing done. He can buy the best machines on the market. And, an important point, he will have use for them when he gets them. He has simply invested his limited capital believing that it is better to have a patient and have to send some of the work to the laboratory than to have the equipment and no patient.

Now laying aside all consideration of the installment of an X-ray outfit as a practice builder, and as an aid in practice, let us consider simply the investment and the returns therefrom. The outfit, let us say, costs \$250.00. Figuring on an extremely low estimate let us suppose only ten radiographs are made the first year, the fee

per case \$5.00. Just here let me say that \$5.00 should be the minimum fee. When used in the cases where the use of the radiograph is indicated it is always worth more than that amount to the patient. Then why charge less? The work, properly done, requires time, skill, and brains, and patients have been educated by the medical profession—from whom dentists should take lessons in setting fees—to pay from \$5.00 up for X-ray pictures. Ten radiographs at \$5.00 each makes \$50.00. The original investment of \$250.00 covers the cost of material for more than ten radiographs. The cost of the electricity to operate the X-ray machine is practically nothing—perhaps two or three cents for the ten pictures. So the \$50.00 may be considered net profit. \$50.00 on a \$250.00 investment. 20% on the investment! And the outfit is unimpaired ready to double the per cent made on it the next year.

Again I tell you, and does it sound as foolish as it did? "If I were a young man just starting into the practice of dentistry I would buy an X-ray outfit if I had to do without a casting machine and vulcanizer to pay for it." Or, "if I were engaged in the practice of dentistry and did not have as large or as lucrative a practice as I thought I should have I would buy an X-ray outfit if I had to mortgage my office to do it."

MOLAR ROOT AMPUTATION AND RESTORATION

By FRED. R. HENSHAW, D.D.S., Indianapolis

"Lame" Teeth Not Useful—Amputation of Upper Molar Root—Operation on Lower Molar—Complete Case Described

Conservation of diseased and broken teeth has appealed to the dentist for many years as one of his foremost functions and great good has resulted to the public and the profession therefrom, but it has occurred to me that much valuable time and energy have been expended in the effort to save many teeth whose subsequent failure or discomfort has failed to remunerate either the operator or his patient. So great has been the desire of the conscientious operator to save these diseased members that he has attempted it in cases where the best possible result could only secure for his patient a more or less "lame" tooth. This has been found to be more particularly true of molar teeth, both superior and inferior.

The cases to which I desire to call your attention are some in which every effort had been made to restore the tooth to a healthy condition without avail, and in which, as a last resort, amputation or extirpation of the offending portions has given immediate and perfect relief. In similar cases,

instead of being a last resort, it is now my practice to operate as soon as I am sure of my diagnosis.

The first case to be described is that of an upper right first molar which had served for some years as one of the supports for a bridge, extending to the cuspid and supplying the right lateral.

Both the cuspid and molar were bathed in pus from a most pronounced case of pyorrhea. Both teeth had living pulps and were so loosened in their sockets that it was with difficulty that the bridge was removed without dislodging them. The pyorrheal condition was treated for some time and yielded readily to treatment, except for the disto-buccal root of the molar, which resisted all efforts at a cure. After the pulps had been removed from both teeth and the canals filled, the flow of pus persisting from the disto-buccal root, it was amputated just at the bi-furcation, the contiguous surface gently sloped to the remaining roots, the canal opened from externally and carefully filled with amalgam

and an immediate cessation of all pus flow ensued. The amputation was accomplished with knife edge stones and cross-cut fissure burs, the final dressing and shaping being done with small, fine grit carborundum points.

The final appearance of the tooth is represented in Fig. 2.

These two teeth, together with the left central, have been supporting a six-tooth fixed bridge for nearly three years and have given not one particle of discomfort in that time, nor has there been any recurrence of the pyorrheal condition, this, no doubt, being due to the fact of the case being kept under strict observation and control.

The same procedure has been followed in other cases involving upper molars in which the mesio-buccal, the disto-buccal and in one case the palatal root, have been removed. In no other case, however, have I made use of the dismembered tooth as a bridge support, but I should not hesitate to do so were the conditions such as to indicate it.

Perhaps the most frequent trouble experienced by the average practitioner is in the proper removal of the pulp tissue, the enlargement of the canals and the correct filling of the mesial roots of lower first and second molars, particularly the first.

It would seem that an all-wise Creator had especially designed these particular roots as a test of the mettle and skill of the dentist.

Certain it is that few operations offer greater difficulty than the proper care of these flat, curved roots. This is attested by the frequency with which we find an abscess on these roots, or the contents only partially removed, or a perforation either at the bi-furcation or at the point of greatest curvature.

The skiagrams which I shall pass around, show a case in which I suffered great humiliation and my patient intense pain, because of an accidental perforation at the bi-furcation.

This being a perfectly healthy tooth at the time that the perforation occurred, it seemed not unlikely that the inflammation consequent on so slight a traumatism might yield to treatment, but as it did not and as the best possible future I could predict was a lame tooth, an amputation and extirpation of the entire root was decided upon.

The skiagram shows the point of perforation and the ligature wires passing down between the root wall and the alveolar process.

The tissues around the root were carefully injected with a cocaine solution containing a few drops of adrenalin chlorid. A knife-edged stone was then used

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557, was then used to cut directly down through the bi-furcation, care being tak-



Fig. I

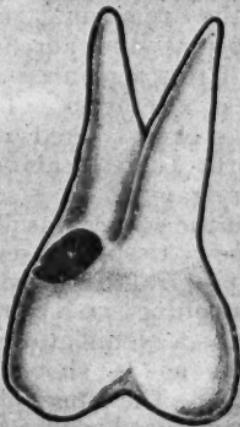


Fig. II

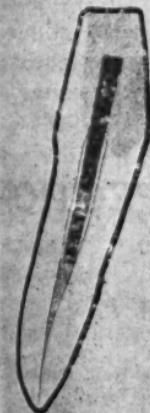


Fig. III

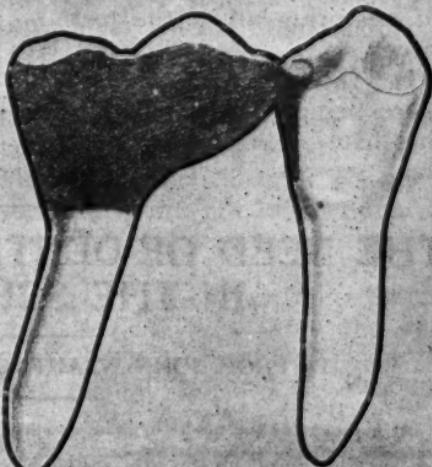


Fig. IV

in a line with the bi-furcation of the roots and directly across the tooth buccolingually.

A special, long shanked, right angle fissure bur, No.

en to follow as nearly as might be the anterior border of the distal root, until the roots were entirely separated, when the offending member was easily dis-

lodged and removed. It is sometimes necessary to bur away the process from around the root to be removed in order not to disturb the remaining one. The cocaine and adrenalin make of this a painless and bloodless operation. The empty socket treated with Euroform paste heals and fills very rapidly.

When the socket was filled with new tissue I set a screw post in the canal of the remaining root and built up a foundation of amalgam as is shown in Fig. III. The stump was then properly shaped to the right proportions, a band fitted and a furrule made and a cast crown constructed, restoring all of the lost crown.

In this particular case, there being a gold inlay in the disto-occlusal portion of the second bi-cuspid, a

socket was cut in its margin, and a ball as a part of the casting of the crown was allowed to rest therein, giving the restoration the additional support of the bi-cuspid. This, however, is but an incident and would be unnecessary in the majority of cases. The completed case is shown in Fig. IV, and the second skiagram shows the condition of the tissues at the present time.

In some twenty-five or thirty cases of similar amputation of which I have records, there has yet to be a failure either in the utility of the restoration or the comfort of the tissues.

Many otherwise troublesome, lame and constantly annoying molars might well be treated in this manner to the very great comfort and satisfaction of the patient, with a great saving of nerve force for the operator.

THE NEED OF DENTAL INSPECTION IN THE SCHOOLS

By PROF. JOHN W. ANTHONY, Pittsburgh, Pa.

At a recent public mouth-hygiene meeting held in Carnegie Hall, Pittsburgh, Professor Anthony spoke as follows.

After looking over the programme for the evening, I came to the conclusion that my place on the programme was merely for the purpose of giving some local data which might be used by the speakers to follow.

To show the need of dent-

al inspection in the public schools of this city, some three or four years ago, sitting in my office I noticed some three or four children coming in and asking the clerk for something for the toothache. I began to take notice then of the number of

children that were coming into the office and asking for something for the tooth-ache, and I discovered to my surprise that there was on an average each day of from 10 to 15, and some days as high as 20 children.

In this age of efficiency it began to dawn upon me that this was a problem that possibly belonged to the public schools. The child was losing time coming to the office, was interfering more or less with its room and naturally it would interfere more or less with its work in the school room. I also noticed that a great many of those children who came to the office were anemics. Apparently were not rugged children. Not all but a great many. I also noticed the children come into the office complaining of a headache. Not feeling well. By questioning the child I found out what it had had for its last meal, and by asking the child to open its mouth, we frequently discovered very bad teeth. But possibly the child might be suffering from indigestion, improper mastication of its food.

In conversation with a dentist in our city one day, a member of the faculty of the dental college of the university, I set forth my suspicions and having read in some of the technical journals about the work done in other cities along the line of dental inspection, I asked him if he would

give his time to influence conditions in our schools. He gave his time very graciously and on several different days examined 765 children in our schools.

Now, I am simply going to give you data that we secured of these examinations.

He found: Defective roots in teeth, 805; cavities, 352; abscesses, 43; perfect mouths, 39 out of the 765; bad mouths, 726; green stain, 20; perfect teeth, 1, and that was a colored child. He had a perfect set of teeth.

That was the result of the examination in our own schools.

Some time after this, some dentist examined 843 children in the Rankin school. He found 418 good mouths, 435 bad mouths, 154 who used the brush, 634 who did not use the brush. Those who had a dentist, 39; those who did not have a dentist, 739. Arrangement of teeth—good, 115; bad, 592; filled teeth, 1,129; extracted teeth, 64. Now that is the data from two schools. One in Pittsburgh and one just outside the city.

It is not necessary for me to take up your time to discuss what all this means because there are those to follow me who have made a scientific study of this whole proposition. I simply made some observations as a layman.

I did do one thing further that might be of interest. I

made an attempt to discover the standing of those children who had bad teeth and I found that the age of the average was higher in the same grade of those who had bad teeth and those who did not have.

But of course I did not have the opportunity or I do not have the facilities for going into that problem any deeper than that or to consider any of the other elements that entered into that, but I demonstrated to my own satisfaction that here was a problem for the public schools.

I was satisfied myself that the children were interfered with in their school work and I satisfied myself also that children were going through the schools and out of the schools in imperfect health because of the fact that they had bad teeth. The mouth is the doorway to the human body. If you go along the street and see a

sign on the door that states that there is scarlet fever or some contagious disease in that home, you don't go into that home, yet a bad tooth is a danger sign to the human body and the food that enters the human body must pass through that gateway in which there is that danger sign.

I shall not take up any more of your time, because I know there are those to follow, as I said before, who have made a considerable study of this problem. Dr. Wallin, especially, has done a great deal of work along this line and I hope he will tell you about his work in the Cleveland schools. I think the work done there is possibly the most thorough and also a work that demonstrated the value of dental inspection in public schools more than any other work that has been carried on along that line.

THE NEED OF DENTAL CLINICS IN OUR SCHOOLS

By MRS. ENOCH RAUH, Pittsburgh, Pa.

We in America are only just beginning to learn the greatest of all truths that underlie the advancement of our National life, viz.: that the greatest asset we can have is the **human asset**—that all our wealth, our prosperity, our industries, our commerce, are dependent

upon the health of our citizens. The people of this great land have long been occupied in placing this country first among the nations. We have been successful in war, we have become a great financial power, we are an enviable people, but we have forgotten

to remember that our world-importance, our material progress are dependent entirely upon the physical, mental and moral health of the individual.

Good health is essential to the uplift and the progress of the whole mass of any people, and today students of world problems are confronted with the fact that by far the greatest economic waste humanity faces is due to the physical ailment of individuals. Like the poor, I fear, the physically unfit will always be among us, but there should not be such numbers of unfit as we now have.

Health is the greatest of human blessings—"a consummation devoutly to be wished," for the greatest degree of efficiency in the citizen can only be attained under conditions of perfect health. How to increase in superlative measure, the energetic and useful activity of the individual, is the all-absorbing problem today; it has been the problem of the ages. In its solution is crystallized the greatest sociologic and economic good the world can strive and struggle and contend for.

The appalling inroads which disease has made in our own National life in some directions, has called for the absolute necessity of a united, determined and intrepid effort along the line of better public health. If greater National efficien-

cy is to obtain, a campaign for the prevention of disease instead of its cure, must be inaugurated from shore to shore. That the need for such efforts for public health is recognized and is being carried forward, in some degree, can be seen in the cleaning up of Cuba, and the sanitary rehabilitation of the Panama Canal Zone by the U. S. army—likewise in a smaller way, it is noticed in the thoughtful, gradual abolition of the common drinking cup, and the public roller-towel; the vigorous campaigns against the pernicious house fly and for fresh air, pure food, pure drink, pure drugs. In point of fact, the movement to increase the efficiency of the world's producers, and decrease the number of non-producers is assuming a significance never before witnessed by the world.

After all, the fundamental thought which underlies all human activity is to live and the oral hygiene movement in its larger sense, in its greater vision, is but a part of this great, grand, all-encompassing world movement for a better and a more healthful life on the part of the people—it is, in a word, a movement to better the physical, mental, moral and material welfare of mankind.

To those thoughtful, right-minded men and women in all professions as

well as among those of the laity who are interested in economic and sociological problems, this subject of mouth hygiene appeals in the highest and is acknowledged and insisted upon as being of vast importance.

Gradually society has become convinced that the greatest question underlying physical health—the most important one in preserving health—is what we eat, how we eat it and how much of it we eat. Having unquestionably established this principle then, the vast importance of the mouth and teeth in the preservation of the physical welfare of the individual and hence the nation, has not been exaggerated by even its most ardent advocates. When we remember that it is the mouth, the three or four inches of the 30 foot of the alimentary canal only, which is under voluntary control of the individual, when we consider that it is this area which is responsible for properly beginning the preparation of all food for serving its appointed task in constructive metabolism, it will be seen what a potent factor in the prevention of matabolism in the whole body the mouth and the teeth are.

Today every one feels that the condition of his mouth is his own private affair. From this faulty, selfish and even dangerous attitude, we must emanci-

pate society, for it has been ascertained that not one person in 20 after the age of 30 has a mouth in a healthy condition, and not one in ten has a mouth free from pus at any time. We must with fine enthusiasm wage a campaign of education among young and old, that shall present the condition of the mouth oftentimes as a menace to a community, that shall see in that mouth, a great public question of sociologic and economic importance, a campaign that shall prove and insist that a neglected, diseased mouth is as much a popular menace as is the unswatted fly or the filthy garbage can, or the tenement house.

With this first step in the education of the public established, there will follow a recognition of the fact that the care of the children's teeth is a community responsibility and that teeth are quite as much a natural resource as are the trees and the waterfalls, and therefore should be conserved. The public will then also learn that teeth have an economic value as well as an esthetic one, and that therefore it is imperative for human efficiency that the teeth of children should be preserved by regular and systematic care. To this end an efficient school inspection must be inaugurated to prevent any damage that may be done

early, rather than expend time, energy and money after the damage is done. If the teeth of our coming generation are to be saved, it must be done during their school life. That is a truism. To defer such care until children become wage earners will be too late. The necessity for such inspection among our children, is immediate and obligatory for we have awakened to the fact that the diphtheria, typhoid and the tubercle bacteria combined with the many others, have originated in filthy mouths; that a septic mouth with carious teeth is a natural incubator for the propagation, the dissemination of disease germs; that the easiest method of infection is the mouth; that the infection of the parotid gland, larynx and pharynx, proceeds from the septic condition of the mouth; that a form of entritis connected with sepsis is the result of prolonged oral sepsis; that relapses in typhoid fever are due to reinfection and that probably, the septic condition of the mouth is the exciting cause.

We have further learned from reports from those cities in this country where dental inspection has been undertaken that 97 per cent. of our school children between the ages of six and twelve are dental cripples and that many of them are helpless; that few children ever make use of the tooth

brush; that their mouths are filthy, diseased beyond belief; that most of them have one or more decayed or decaying teeth, and that these deplorable conditions characterize the more than 20,000,000 children throughout our country.

In our public schools it has been found that 40 per cent. of the absentees are caused by toothache or other preventable dental ills. I believe without fear of successful contradiction, that it could be found that the losses from all such causes, would exceed the cost of all necessary dental treatment. Defective teeth likewise interfere with the nutrition of children and the nourishment has been found to be below normal in 52 per cent. of those with one or more bad teeth. Only fifteen per cent. are poorly nourished in those with good teeth. Good health is logically retarded by poor teeth—the teeth being poor, digestion is out of order, the whole body suffers thereby, and since the brain and body work in close sympathy, the child becomes unreliable and incapable mentally.

The further necessity for oral inspection is seen in the deleterious results to the child oftentimes from faulty mouth hygiene in the way of juvenile delinquency and criminality. Irregular and abnormal teeth it has been found, is one of the

contributing elements, indirectly, to juvenile delinquency through the digestive apparatus, first by the direct irritation of poisons from the teeth mixed with the food, through the intestinal tract and second by poor nutrition. It has been satisfactorily proven that direct irritation in the intestinal tract will tend to block the efforts to do right. As a result the child becomes by successive stages irritable, disobedient, incorrigible and untruthful. Thousands of cases are on record where faulty oral conditions once having been corrected, the nutrition has improved and with the improved nutrition, has come about a true nervous system, a changed character and improved morals.

There are today 10,000,000 school children in the United States suffering from the direct effect of decaying teeth and unsanitary mouths. It has been shown that children with decaying teeth are six months longer in completing the eight common school grades than are children with clean mouths and sound teeth. It has been demonstrated that the worse the teeth in the child, the worse is the school standing. We have had it expressed from the highest authorities that more physical deterioration is produced by bad teeth than by alcohol and that bad teeth kill more people

than does bad food. We have seen that decaying teeth do not permit of perfect mastication, that imperfect mastication is the open door to malnutrition and that malnutrition is one of the greatest factors in all diseases. After close investigation it has been found that much tuberculosis from which people are suffering today comes either directly or indirectly from faulty conditions in the mouth, and that epidemics of scarlet fever and measles in the schools, can be traced to the cavities in the teeth of those children (who having been quarantined the required time and then returning to school) which were harboring the scarlet fever or germs and keeping them alive for an indefinite period.

Summing up then, this specific knowledge as to the deleterious effects of bad teeth upon the child, the school, the state, the nation, do you not think, my dear friends, that we should insist in our community at least, upon oral inspection in our schools and dental clinics to perfect and round out this work of inspection?

The expense incurred by clinics would prove, in my judgment, veritable economy since it would mean more perfect physical development, greater freedom from preventable disease, a shorter average period at school, and a wider dissemination

of information concerning hygiene.

From an economic viewpoint it is eminently advisable to establish clinics for those who are unable to pay for such services, since foul mouths and decaying teeth in children decidedly increase the chances of their catching contagious and infectious diseases, such as scarlet fever, diphtheria and measles, and it is for these epidemics which regularly menace us that the State pays so dearly. It seems to me that as far as the school is concerned, as far as the public is concerned, there is not one single thing more important in the whole range of children's needs than the dental clinic. The world has long recognized the right of children to develop mentally at the public's expense. The question of their equal right to physical development at the public expense should also be as loudly insisted upon.

The air is vocal with reforms that shall produce a better human kind, but to me there seems no effort more important, more vital, more fundamental, none that lies so deeply at the very base of our entire societal and economic structure, than does this movement to establish dental clinics in our schools. It has for its object a better, healthier, more efficient race. Oral sepsis is such a common cause of disease,

its effects are so grave, they are so commonly overlooked, that it were indeed well to call to the attention of educators and parents the beneficial results from its removal through the kind offices of the dental clinic.

The gospel of good teeth must be preached constantly by all of us—by educator, by dentist, by physician, by nurse, by life insurance companies, by charity workers, by lecturers and through exhibits if we are to impress its value upon the world. The inspection in our schools will bring to the attention of the ignorant or indifferent parent who can afford such service, the necessity for oral care for the child and it will likewise bring to the notice of the proper authorities the needs of those unfortunate children who will be found in every population, who are obliged to depend upon the free dental clinic for needed treatment. The need of dental clinics for our schools is so imperative that every effort should be concentrated in this community to further the inauguration of such a project. The problem is too large to be successfully met by volunteer dental service, by private enterprise or by philanthropic endeavor. The task here must be taken up eventually by the municipality through the Board of Education or,

better still, through the Department of Medical Inspection.

In the meantime cannot some broad-minded, public-spirited, generous-hearted citizen be found who will establish for Pittsburgh a clinic like unto the Forsyth Dental Infirmary in Boston? Free clinics however, after all, for those who are unable to pay for dental service is the goal for which we should all work and these beyond question should be placed in our schools, for any movement that tends to strengthen the efficiency of our children mentally, morally or physically, is as much a part of our educational scheme as is the acquiring of the ologies and osophies, and will ultimately produce a more proficient race.

The dental clinic is an economic measure. It is a societal care. Therefore the responsibility rests with the community. The ends for which we aim must come through the children. Our hope for future generations lies with the schools, for through them it is alone possible to reach the children of those parents who are only too often foreign, immoral, busy, untaught and indolent or indifferent.

Let us aid to advance the cause here in Pittsburgh and soon we will see a race of children with clean, effective teeth, better bodies, better brains and greater ef-

ficiency. By establishing clinics in our schools we will be aiding a movement for bettering social conditions—a movement of as great importance as any hygienic or sanitary movement or measures; as any health, pure food and drug laws; or as any campaign for the dissemination of disease-preventing-information measures.

We need dental clinics in our schools to reach the school child, for there is no permanent value in treating adults. The real value to the child of today and to posterity, lies in the care of the school children who can be taken in hand early enough to prevent the misfortunes of their parents. The treatment in these clinics should be compulsory and systematically followed up throughout the school life of the child. The clinic should extend its activity to reach the child through talks, lectures and the use of the stereopticon, which last-named cannot be too highly commended toward such ends.

This movement like all other big movements for the amelioration of human ills will not be brought about quickly. We must have patience and persistence and we must remember that all good things are matters of slow growth and can only be accomplished by infinite minute steps forward. When once, however, the public is

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educated into the knowledge that oral health is a large, concomitant factor in the preservation of the health of the other body organs and tissues; when our school authorities, our law makers, are educated to the point of knowing that efficiency in the child is more often

marred by abnormal conditions of the mouth and the teeth than by acquired imperfections in any other one organ, then we will have dental clinics in our schools to fortify the physical health of the child, so as to make possible the greater mental and moral perfection.

A DREAM

By C. EDMUND KELLS, D.D.S., New Orleans, La.

That versatile gentleman and excellent dentist, Dr. C. Edmund Kells, tells here the story of a dream. In a personal letter accompanying the manuscript Dr. Kells voices the hope that it might come to the attention of one able and willing to carry out some of the details of the dream. I print it in the same hope.

It was a fitting night after such a strenuous day. Many had been the vexatious troubles met with, and patients had been bent upon asking the most simple question which it was humiliating to acknowledge were problems the science of dentistry, evidently in its infancy it would seem, had not as yet solved.

So it was with genuine pleasure that the omens of the approaching storm were heard, for that would insure an uninterrupted evening for rest and meditation upon the problems of the day.

With the wife busy with her knitting, children snugly stowed away for the night, feet upon the mantel, pipe just filled, rain pattering against the window, the troubles of the day were slowly passing in review.

There was the case of Miss B_____. An immaculate set of teeth, not a spot or stain, save one point of erosion upon the face of a cuspid, and she pleading that it be stopped—and pleading in vain.

And then Mrs. C_____. With a splendid set of teeth, looking like very pearls, and yet many of them so sensitive as to render eating and breathing *almost a burden*, and no immediate relief in sight.

But worst of all—but hark—it cannot be the door bell! But it is. Who can have ventured out such a night. Ah, a telegram; well, that's not as bad as a call from a suffering patient. What's this? Signed J. D. Rockafeller and saying, "Can you meet me at the Waldorf, Suite 437, Monday

at 5 P.M?" *Can I?* Well, I certainly will endeavor!

Say, Wife, look at this—oh, the boy yes—give him a dollar of course. (Wifey's eyes open wide at the dollar, but gave him a dime only.) Pack my grip. Me for the midnight train. Storm? And that signature? The moon is shining brightly for me!

CAN I meet J. D. R.

* * * * *

Monday 5 P.M. Suite 437.
"So glad you came, doctor, I feared your engagements might prevent. Pray be seated. You look a little surprised. Smoke? Well, our initials are the same, but J. stands for James in my case. But to come to the point at once.

"When I was a lonely orphan, without kith or kin I ran away," (the usual story) "and finally struck it rich, as the saying goes, in the African diamond fields"—(the usual sequel).

"I returned to my native land to find myself unknown and more lonely than when I left it long years ago. I find men of fortune have builded libraries, founded institutions of learning and research and done all these things to make themselves endeared to the public and of benefit to humanity.

"And yet, not one of them has done for the world that which would have proven of the greatest benefit to civilized man. And that I propose to do. Having therefore decided to use my unlimited millions for the endowment

of a Laboratory of Dental Research, I now ask you to become its director. What do you think of the possibilities of such an institution?"

When I was a little boy I had learned at dancing school to make a most profound and studied bow. I had never made one since.

Rising, and disposing of my cigar, which was necessary as one's hands must be clear, for this performance, I approached my host, and making this impressive bow, I thus addressed him:

"Mr. James D. Rockafeler: That a little penniless orphan should seek and find his fortune in a strange land is, alas, a common story, but he, as a rule returns to his native land to squander this fortune upon idle pleasures.

"That you who have spent the best years of your life amongst the untutored savages of uncivilized countries, should return with such a noble ambition as you have outlined to me, displays a great mind, and that you have selected me as its director, if you will pardon me for saying it, is an evidence of your good judgment.

"For it has been the ambition of my life to be able to devote my remaining years to experimentation and the good of humanity without one thought of the sordid, though now momentous question—the cost of high living. Just think of it! Millions for an Institute for Dental Research! It is grand!

"I SEE before me a hos-

pital in which are wards of fifty beds each, for the study of diet upon the teeth of pregnant women and its result upon the child to come.

"I SEE in the principal cities of the country *dental clinics* where the operators are not recent graduates, poorly paid, but the highest priced men of the profession, well paid for their time spent upon research work.

"I SEE the best chemists of the country at work, in especially equipped laboratories, analyzing the various

fluids of the body and when found abnormal, *discovering* their effects upon the teeth and their surrounding tissues.

"I SEE that bug-a-boo, pyorrhea, a solved problem, and—

"I SEE in the not distant future, the time when a patient will not ask the humiliating questions about erosions, and—and, well, what's that? 'Wake up and fix the furnace and go to bed!' " Gee whiz! What a storm and what a "pipe dream."

AN ADDRESS TO PHYSICIANS

By N. G. SLAUGHTER, D.D.S., Athens, Ga.

Read before a Georgia Medical Society

I would not attempt to read a paper before this distinguished body if I did not believe that with a better understanding, we, as members of the two professions, could treat some of the diseases of the human body to a better advantage.

This is an age of specializing, and if each one of us can do one thing and do it well, we can be of some service to mankind.

I have chosen for my subject the necessity of a healthy mouth in the treatment and prevention of diseases. Now, what do we mean by a healthy mouth? The teeth free from caries; all of the cavities properly

filled and polished; all diseased teeth or roots that cannot be crowned or filled removed; all teeth free from tartar and all foreign substances; the proper occlusion of the teeth in the two jaws, and the gums and mucous membranes free from all inflammation and of the natural color.

To keep a healthy mouth means absolute cleanliness. It is said that a clean tooth will not decay, and certainly a thorough brushing of the gums will usually keep them healthy.

The profession of which I am a member has been striving for the past few years to teach the laity the importance of oral hygiene,

but it is a matter of tradition that the public is guided in matters of health by his own physician, even in regards to the mouth and teeth.

It has been said that the most successful lawyer is that one which best succeeds in preventing litigation. The best physician is that one which prevents the disease he is called upon to treat. And the most successful dentist is that one which best succeeds in preventing all diseases of the oral cavities.

The mouth being a perfect breeding place for disease germs, makes the bacteriologic aspect a serious one. Pus in any other part of the body produces grave conditions, but in the mouth they are hardly considered of any importance. I do not believe that a physician can successfully treat any disease of the stomach where the patient has Riggs Disease. This disease is usually caused from the accumulation of tartar, through pressure upon the gums, and periostium, causing chronic suppuration of the alveola process.

There are cases also associated with uric acid diseases, and it is in these cases that the physician and dentist should be associated in the treatment of the disease. The symptoms are not always alike. Sometimes the gums are swollen, relaxed and red; at other

times the gums stick to the neck of the tooth, as a thin pale layer. Pressure upon the gums above the tooth however, always causes pus to ooze from the socket of the gums.

Early in the process the teeth remain tight; later they become loose, and finally fall out. The treatment during the first stage is favorable, but after it has progressed too far, no permanent relief can be had except by extraction of the teeth. In some cases you will find broken-off teeth with chronic abscesses, inflammation and swollen gums in children, especially from the ages of four and ten years. This is very often the cause of indigestion, sick headache, and fever. When their mouths are in this condition are they not more susceptible to diphtheria, pneumonia, tonsillitis, and tuberculosis, and many other infectious diseases? The relation between the nose and throat specialist and the dental surgeon is very close. Adenoids are caused from mouth breathing; mouth breathing causes irregularity of the permanent teeth; therefore the inability to properly masticate food. The result is indigestion, auto-intoxication, and mal-nutrition; thus returning to the field of the general practitioner. Abscesses of the antrum and impacted

(Continued on page 474)

EDITORIAL



GEORGE EDWIN HUNT MD., D.D.S. EDITOR
131 EAST OHIO STREET, INDIANAPOLIS, IND., U.S.A.

ORAL HYGIENE does not publish Society Announcements, Obituaries, Personals, nor Book Reviews. This policy is made necessary by the limited size and wide circulation of the magazine.

SCHOOL HYGIENE CONGRESS

One of the most important events in hygiene matters, during the summer of 1913, will be the Fourth International Congress on School Hygiene, which will be held at Buffalo, New York, August 25-30, under the patronage of President Woodrow Wilson and the presidency of Mr. Charles W. Eliot, ex-president of Harvard University. Over two hundred and thirty papers will be presented and in addition, ten symposiums are being organized by as many national associations interested in special phases of school hygiene, the National Mouth Hygiene Association being one of them.

The program for the congress promises a most interesting and instructive time for all interested in hygiene, prophylaxis, or prevention of disease. No one person could possibly hear all the papers or attend all the various sessions, and it will therefore be necessary to map out a program of those subjects of the greatest interest to you. The tentative program is as follows:

GENERAL TOPICS TO BE CONSIDERED:

- I. The hygiene of school buildings, grounds, material and upkeep.
- II. The hygiene of school administration and schedule.
- III. Medical, hygienic and sanitary supervision in schools.

SPECIAL SESSIONS AND DISCUSSIONS ON THE FOLLOWING PROBLEMS:

- I. The relation between school hygiene and home conditions.
- II. The relation of school hygiene to school progress.
- III. The teaching of hygiene.
- IV. Rural school hygiene.
- V. School children as carriers of disease.
- VI. Eye diseases among school children.
- VII. Hygiene of the defective child.
- VIII. The relation of athletics to health.
- IX. The hygiene of play.
- X. Vital statistics.

XI. The relation of spinal curvature and flat feet to the health of the child.
 XII. Ventilation.

SYMPOSIUMS:

School Feeding—Symposium arranged by the committee on school feeding of the American Home Economics Society.

Oral Hygiene—Symposium arranged by the National Mouth Hygiene Association.

Sex Hygiene—Symposium arranged by the American Federation of Sex Hygiene.

Conservation of Vision in School Children—Symposium arranged by the Society for the Prevention of Blindness.

Health Supervision of University Students—Symposium arranged by Mazyck P. Ravenel, M.D., Professor Bacteriology, Director of State Hygienic Laboratory, Chairman Hygienic Committee, University of Wisconsin.

School Illumination—Symposium arranged by the Illuminating Engineering Society.

Relation Between Physical Education and Physical Hygiene—Symposium being arranged by the American Physical Education Association.

Tuberculosis Among School Children—Symposium arranged by the Society for the Study and Prevention of Tuberculosis.

Physical Education and College Hygiene—Symposium arranged by the Society of Directors of Physical Education in Colleges.

The Binet-Simon Test—Symposium arranged by Professor Terman, Stanford University.

The Mentally Defective Child—Symposium arranged by Henry H. Goddard, Vineland.

SPECIAL PAPERS ON:

School Clinics,	Rest Rooms,	Prevention of
School Decoration,	Summer Camps,	Epidemics,
Drinking Facilities,	Village Schools,	Lunch Rooms,
Rural Districts,	School Nurses,	Libraries,
Fields for Games,	School Architecture,	Open Air Schools.

Space has been reserved for the mouth hygiene exhibit, and every town, city or state desiring to make an exhibit will be given the opportunity. All of this work will be greatly facilitated if the chairman of every oral hygiene committee of every state or local dental society will at once communicate with Dr. W. G. Ebersole, of the National Mouth Hygiene Association, Schofield Building, Cleveland, Ohio.

Arrangements have been made to show the motion picture film, "Toothache," at regular intervals during the sessions of the Congress.

If you want to become a member of the Congress and entitled to receive a copy of the proceedings when printed, write Dr. Thomas A. Storey, Secretary-General, College of the City of New York, New York City.

This is going to be something worth while.

ANOTHER PUBLISHER HELPED

In our May issue was a short editorial thanking the publishers of certain dental journals for the courtesies they extended to the motion picture committee of the National Mouth Hygiene Association in carrying advertisements of the motion picture film, "Toothache," without expense to the committee. The editorial mentioned the journals whose publishers had been so generous and intended to mention all of such publishers.

Now cometh the aftermath. Brother-editor Nelville S. Hoff, of the *Dental Register*, chides me for overlooking the two pages in his February issue which his publishers donated free of all charge, to the committee. This is my apology and my effort to right the wrong.

Brother Hoff, in his letter, accuses me of not closely reading the "oldest dental journal published" but in that he accuses me falsely. I always start reading the *Register* at the top of the first page of reading matter and read all the editor writes, but I do not always get back into the advertising pages. *Mea culpa.*

THE LAITY NUMBER

All of you who thought that the Laity Number had gone permanently to sleep are due to experience a—I trust—joyous awakening. The editor of this beacon light of freedom has had a strenuous winter and the laity number was forced into the background for some months. You must understand that this editing game is only one phase of my activities and some of the other phases are necessary in order that I can buy eggs and gasoline and the other necessities of life for a large family, consisting of the Woman—Who—Autos—With—Me and a black dog, and a fifteen year old kiddy—white, of course—and a cat and a whole lot of pestiferous English sparrows, not forgetting a few robins, an occasional blackbird, and once in a while a meadow lark. When you have that large a family looking to you for their daily bread and water and ice cream soda—that's the kiddy—and a new spring gown—that's the Woman—Who—and a new collar—that's the dog—and fresh water in the bird pool at meter rates—that's the birds—and fresh liver—that's the cat—you have to occasionally hustle around and make a few scudi, scudari, samoleons, denarii, spondulicks, or whatever term seems most suitable for designating current coin of the realm, in order to fulfill your obligations. But things are shaping up now to the point where work on the laity number can be performed and in that field of endeavor I am one of the most consistent little per-

formers you ever saw. So keep your courage up. The lait number will appear November first and it will be all wool and thirty-six inches wide, warranted not to ravel, fade in the wash, or run down at the heel. A beautiful picture—on the cover—will be given with each number of the issue. No trading stamps, however, as the advertising matter will be conspicuous for its absence. Remember the day and date and wait for the big show.

WHERE TO RENT FILMS

CALIFORNIA—

Dr. H. Page Bailey, Auditorium Building, Los Angeles has charge of the Southern California Dental Association film.

Dr. Herbert T. Moore, 391 Sutter street, San Francisco has charge of the State Association film.

CANADA—

Dr. A. T. Broughton, 305 Markham street, Toronto, has charge of the Canadian Oral Prophylactic Association, Limited, film.

FLORIDA—

Dr. Carroll H. Frink, Masonic Temple, Jacksonville, has charge of the Jacksonville Society of Dental Surgeons film.

ILLINOIS—

Dr. Harry F. Lotz, 227 Jefferson street, Joliet, has charge of the Chicago Dental Society film.

INDIANA—

Dr. Roy L. Bodine, Odd Fellows Building, Indianapolis has charge of the Indianapolis Dental Society film.

Dr. George E. Hunt, 131 East Ohio street, Indianapolis has charge of the State Association film.

IOWA—

Dr. John H. Hildebrand, Waterloo, has charge of the State Association film.

KANSAS—

Dr. Lawrence Dillman, Pittsburg, has charge of the film owned by the Southeastern Kansas and Southwestern Missouri Societies.

KENTUCKY—

Dr. O. D. Wilson, Owensboro, has charge of the State Association film.

LOUISIANA—

Dr. S. S. Grosjean, Maison-Blanche Building, has charge of the local society film.

MICHIGAN—

Dr. G. F. Burke, Stevens Building, Detroit, has charge of the First District Dental Society film.

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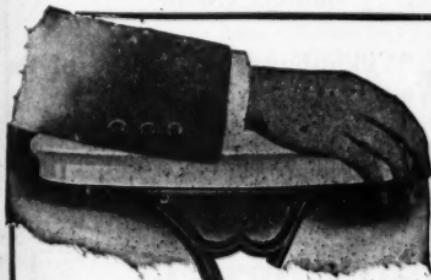
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Supplies of an interesting treatise on mouth hygiene, may be had, free of expense, for distribution among patients. A specimen copy, of "The Dentist's Patient," together with an order form, will be sent upon request.

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Dr. T. E. Turner, Chemical Building, St. Louis, has charge of the St. Louis Dental Society film.

NEW YORK—

Dr. A. H. Stevenson, 1202 Cortelyou road, Brooklyn, has charge of the Second District Society film.

OHIO—

Dr. Henry E. Germann, Berkshire Building, Cincinnati, has charge of the Cincinnati Dental Society film.

Dr. W. G. Ebersole, Schofield Building, Cleveland, has charge of the Cleveland Dental Society film.

Dr. L. L. Zarbaugh, 2742 Monroe street, Toledo, has charge of the Toledo Dental Society film.

Dr. T. J. Evans, 127 West Federal street, Youngstown, has charge of the Youngstown Dental Society film.

OKLAHOMA—

Dr. J. M. Temples, Tulsa, has charge of the Tulsa Dental Society film.

OREGON—

Dr. H. H. Olinger, Salem, Oregon, has charge of the Oregon State Board of Dental Examiner's film.

PENNSYLVANIA—

Dr. T. W. McFadden, Wilkinsburg, has charge of the Odontological Society of Western Pennsylvania film.

TENNESSEE—

Dr. J. D. Towner, Central Bank Building, Memphis, has charge of the Memphis Dental Society film.

Dr. W. G. Hutchinson, Eve Building, Nashville, has charge of the State Association film.

TEXAS—

Dr. Henry L. Adler, Wilson Building, Dallas, has charge of the Dallas Dental Society film.

Dr. W. T. Beard, Hicks Building, San Antonio, has charge of the local society film.

UTAH—

Dr. A. C. Wherry, McCormick Building, Salt Lake City, has charge of the Salt Lake City Dental Society film.

WEST VIRGINIA—

Dr. A. C. Plant, Schmulbach Building, Wheeling, has charge of the Wheeling Dental Society film.

WISCONSIN—

Dr. W. W. Hopkinson, 388 Brady street, Milwaukee, has charge of the Public School Free Dental Clinic Association film.

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IT was only by trying Dr. Lyon's that this dentist discovered its value. That is why we want you to use it freely at our expense.

Send for the pound package at your earliest convenience. It will be shipped to you promptly—all charges prepaid—on receipt of your request on your professional card or stationery.

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Always say “ORAL HYGIENE” when you write advertisers.

AN ADDRESS TO PHYSICIANS

(Continued from page 466)

wisdom teeth cause conditions that often times require the services of the nose or throat specialist. And exposed nerves in a tooth may cause facial neuralgia, headache, etc.

So I could go on and mention other conditions that interest both the physician and the dentist. In fact, the dentist cannot be divorced from the physician. The stomachotologist is as much a specialist as the rhinologist or oculist. The nerves of the teeth and mouth are from the same nerve supply as the nerves of the eyes and the ears. The blood is the same blood that flows

through other parts of the body.

I do not think that my specialty is the most important one, but it is so closely allied to the general practitioner, and to the eye, ear, and nose specialist that we should be closer associated in the treatment of some of these grave conditions.

In these few words I have called your attention to some of the evil results of diseased and unclean mouths, and in conclusion I want to call upon the members of your profession to join with us in spreading the gospel of oral hygiene everywhere, and thereby preventing much suffering and help to build humanity into a stronger race of men.

SAMMY'S SCHOOL DAYS

By J. J. LEIBSON

Monday—Plaid hookey and had a rotten time. Then i found out teacher was abbsent. All the boys had fun with the substi-toot teacher and i misst it.

This is a tuff munth. No holiday in sight till Thanksgiving. Then when you think your gona have a little fun you gotta start being good agen for Christmas.

Susie is mad with Artie Williams and they dont

talk no more. Artie pays me a nickle evry time i take a note to Susie. He wants to get glad agen.

Tuesday—Teacher says the grate men who are runing for prezident are makeing histery. Gee aint there histery enuff?

I bet there is sum mean men who aint got nothin better to do staying home makeing up more arithmetic and grammer.

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Always say "ORAL HYGIENE" when you write advertisers.

Susie gives me a cent evry time i bring her a not from Artie. She's only a girl so i do it cheep.

Harry says i should strike and make Artie give me a dime.

Im gona tell him i seen Susie with Cleve Ballard and he'll get jelus all right. He's skared Susie will begin to go with Cleve. He dont know Susie cried a lot last night and ma couldnt do nothing.

Wednesday—Had a lesson in highjeen and lerned about the dedly mikerobe and how danjerous it is when it gets in your sistem. I dont know where is my sistem, but i dont like to ask teacher.

Me and Harry and Joe Scudder and sum other boys in the class made up a wireless tellagraf cumpeny. We can send messiges with our fingers and teacher not know it.

Wireless is used to reskew peeple. This morning when i didnt know how to do the secund exempl i was reskewed by Joe. He sent me the anser by wireless.

Teachers birthday is tomorrow and we was all gona chip in and by her a prezent. Harry herd her tell Miss Burns my boys is gona supprize me with a prezent.

Thursday—Was reading the Trainboys Revenje and

teacher took it away from me. Then she gave the class a lekcher not to read no blood and thunder stories like that becaws there's too manny people killed in them.

Well looket histery. Sumbody gets killed on allmost evry page. Only once in a great wile they get reskewed like John Smith.

John was luky and had a pull with the indeean cheeftens dawter Pokeahontiss. Just when they was about to nok his blok off she came to the reskew.

If she had a come a minit later it would a been poor John.

Sum kind jentelmen is working hard making up simplifide spelling and all words is gona be easy.

That grate. I wish sumbody would get bizy and make up a little simplifide rithmetic and grammar. Speshally grammer it gets my gote.

Friday—Lerned about the Chinese today. In Chinees schools the children tern there backs to the teacher. No wonder their smart. Anybody can resite good when the teacher aint looking.

No more notes from Artie. He made up with Susie.

Maybe if i'm luky i can make sum money like the first time. They aughta be kissen alot this weak.—Indianapolis Star.

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IMPORTANCE OF EARLY ATTENTION IN ORTHODONTIA

By F. E. WILLIAMS, D.D.S., Los Angeles, Calif.

These cases represented are representatives of the two great cases two and three, (angle classification). They were selected from the many I have only because they are examples of the youthful, easier cases and the adult hard cases of classes two and

perfect development and health of the structure emphasizing the fact that the earlier treatment begins, the more perfect and satisfactory are the results.

Again it also emphasizes the fact, that in the extreme cases where the structure is



Number 1

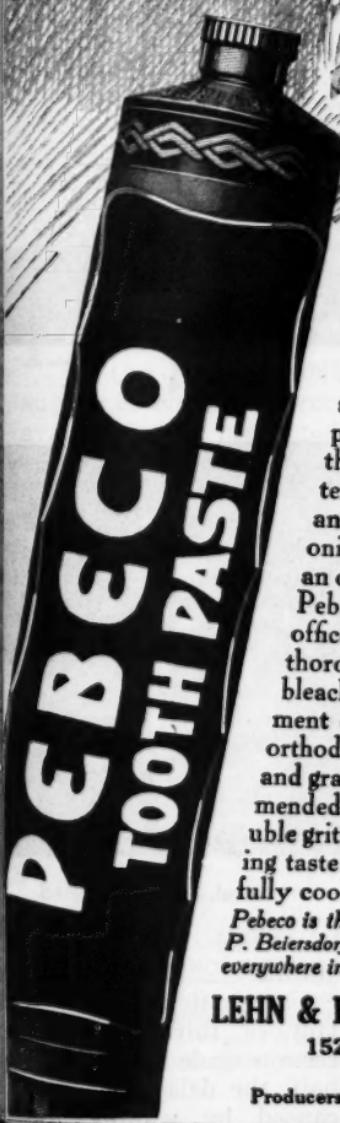
Number 2

three, and among them are extreme cases of their order. I refer in particular to the lower protruding mandible. The cases further bring into distinct prominence the statement that the correction should be made while the person is young, (in childhood) that, as they get older they may reap the advantages of the normal condition during their growth, with a more

mature, we may not turn them away with the statement that they are too old to have the correction made, that the case would not be satisfactory, but the case can and should be corrected satisfactorily.

As they are older, they are in the greater need of assistance at our hands, shall we, practically speaking, then wait until they are at their

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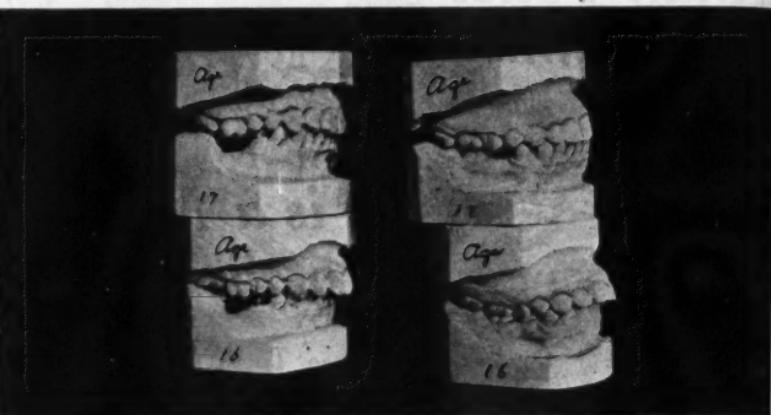
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worst, then turn them away with the saying,—nothing can be done in a satisfactory manner for them. Would a physician when the patient was seriously ill say they had

Case number 1 of upper protrusion and mouth breathing, a girl of nine years, was corrected in four and one-half months, indicating the ease with which the correc-



Number 3

Number 4



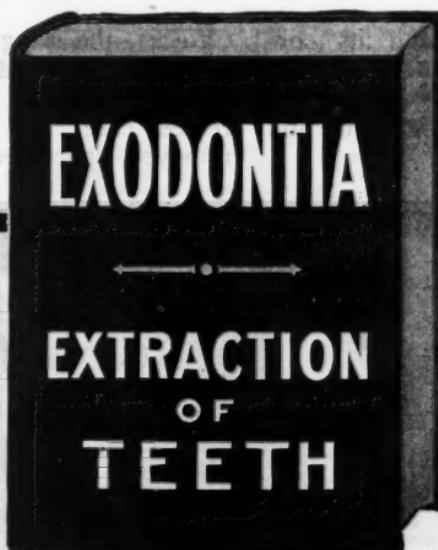
Number 6

Number 5

waited too long, that they could expect no satisfaction? Are there any different conditions met with in normal tissue in adult age, than found in youth, except, older tissue and a worse type of case?

tion may be made in the youths.

Case number 2,—a young lady of thirteen years, correction made in year and one-half, the delay of completion caused by waiting for the eruption of upper left second



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bicuspid tooth and its correction; the photographs indicate the benefits and restoration of facial outline and normal breathing.

Case 4,—the skiagraph showed upper second bicuspids ready to erupt. The corrected case, the pre-molars removed, space retained.



Number 8

Number 7



Number 8

Cases 3 and 4,—further corrections of this class of cases and at an older age. Case 3,—had lost the lower first permanent molars and space retained for bridge.

Case 5,—youth of eight, simple protrusion, easily corrected.

Case 6,—older person (boy) and harder case.

Case 7,—young man of 17.

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extreme lower protrusion. Upper arch dwarfed by too early loss and extraction of deciduous teeth. The upper teeth biting almost entirely inside the lowers, only striking in occlusion, slightly on the lingual cusps of the lower molars. This case was explained in detail in the April Summary, 1909. The shifting of the lower mandible backward was $\frac{3}{4}$ of an inch on the right side, the left side not so far.

Case 8,—is a young man five years older, being nearly 23 years of age. An added difficult feature in this case was the loss of the first molar teeth in both arches and the second uppers crowned, also having only one upper left bicuspid tooth. Space was not acquired for the missing

bicuspid tooth in the correction of this case, as reason took preference to theory and the correction made without resorting to it. In the correction, the space required by the extracted teeth was opened up and the lower anterior teeth straightened up to their natural position. The reduction of lower protrusion on the left side was $\frac{7}{8}$ inch. Correction required twenty months. The pictures represent the change clearly. Both the last two cases (7 and 8) were mouth breathers due to extreme lower protrusion with no sense of smell at the time. Nose breathing reoccurred when the lips remained closed again, when in a position of rest, and at that time the sense of smell returned. Normal occlusion resulting in both cases.

Doubtful Voter.

Tom McNeal tells of a candidate for sheriff who was going around among the voters soliciting their votes. He had a little book with him in which he entered the names of the voters he interviewed and their politics. He came to one blunt, heavy-jawed and big-fisted man who evidently did not like him.

"Well, Mr. Jones," said the candidate, "I suppose that I can count on your support at the election?"

"Naw, you can't count on my support," said Jones. "I'd rather take poison than vote for a son-of-a-gun like you."

"From the way you talk," said the candidate, as he pulled out his book, "I reckon mebby I had better put you down as somewhat doubtful." — Kansas City Star.

The Worst Yet.

Johnny handed the following note from his mother to the teacher one morning:

Dere teecher: You keep tellin' my boy to breathe with his diafram. Maybe rich children has got diaframs, but how about when there father only makes \$1.50 a day and has got five children to keep. First it's one thing, then it's another, and now it's diafram. That's the worst yet.

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"I see you have changed your mind on that question of public policy."

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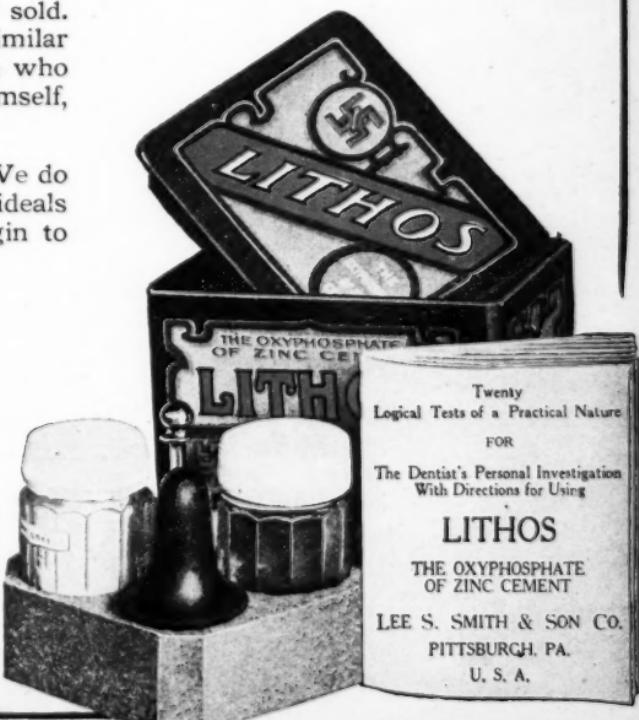
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A HEALTHY MOUTH

By F. U. EMLEY, D.D.S., Belle Plaine, Kansas

Read before the Southern Kansas Dental Society

Here is a concise statement of many of the reasons for a clean mouth. Read it and you will get some ammunition for talks before school boards, public audiences, and others.

The mouth, as you know, is the gateway of the whole body and should be guarded very carefully. Through this vestibule of the alimentary canal, passes all the food we eat, or sometimes gobble, all the liquids we drink, and also much of the air we breathe. If all of these nourishments have passed the pure food inspector and are then contaminated with harmful bacteria within the mouth, or are improperly masticated, much harm is done.

This oral cavity of ours is an exceedingly delicate index of the reactions of the protoplasm of the body cells, one that will register the effects of medicine, especially calomel, and show signs of constipation, periodical sprees, and a great number of other things which determine the life or death of the body. In no part of the human body is the practice of hygiene so important as in the mouth.

We must impress on the public that the mouth is the greatest germ-breeding pen of the human body and that many of the contagious, infectious, or germ-producing diseases are established through germs produced or

multiplied in the mouth. The medical mind and the public have never been so receptive to this teaching as they are now. Let us get busy and teach them the way to maintain a healthy mouth and how to obtain it.

To obtain ideal conditions, we should start with the child at its conception, and teach the mother to keep her mouth clean and to have her teeth in perfect repair so that no bad impression such as toothache will be passed to the offspring; then teach her to eat foods containing plenty of calcium salts, phosphates and carbonates of lime, so the child's teeth will be of sound structure. Ordinary wholesome living with plenty of out-door exercise is the best way of producing good teeth for the child as well as for the mother.

As regards hygiene, the temporary teeth should be cared for first, because of their importance for the child's nutrition at the time, and because caries of the temporary teeth often injures the permanent teeth. When it is realized that a child's digestion as well as his temper and his general welfare, physical, mental, and moral, depend largely upon the con-

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dition of his teeth, it will be seen how important it is that the teeth be properly cared for. An ounce of prevention at the present time will save one many a tooth-ache and false teeth later. The number of parents who generally respond to the suggestions regarding the health of their children are few, and as far as the teeth are concerned, little or no attention is usually given them until the tooth-ache manifests itself. It is often a source of surprise to me that many mothers of the wealthy classes quite ignore the necessity of any sort of systematic oral hygiene for their children. If this is so with such cases as these, how much more will it be so, with the poorer and more ignorant?

Many a child's digestion is ruined by a mouthful of dirty and decayed teeth or by the lack of teeth. Too many children's mouths are permanently deformed by the extraction of decayed teeth. Food cannot be properly masticated if the child has decayed teeth or an insufficient number of them, so the body does not receive proper nourishment. If the decayed teeth ache, the child becomes nervous from the pain. Also these cavities are producing poisons that the strongest system cannot long resist; and in many cases where the children are apparently outgrowing early weaknesses, it is because they are losing these dangerous teeth.

The study of bacteriology has put the whole subject of cleanliness on a scientific basis and it shows that cleanliness of the mouth is an important factor of health. From one to three examinations should be made annually by a competent dentist; and cleansing of the teeth before eating in the morning and before going to bed at night must be insisted upon throughout one's life; nothing short of this insures the preservation of the teeth, even though operated upon by the most skillful dentist.

It is hard to understand why so many ignore the cleansing of the mouth and teeth when they appreciate and insist upon the cleansing of the less important face and ears. It is only by constantly reminding the public of the great importance of oral cleanliness, that we can hope to overcome this sad neglect.

Some of the advantages to be gained by keeping a clean mouth are freedom from decayed teeth, intestinal disorders, and many other diseases such as typhoid, tuberculosis, even rheumatism. Statistics state that 95% of all tubercular infection takes place through diseased or unclean teeth. Ker in his "Manual of Fevers," page 168, states that measles, scarlet fever, diphtheria, erysipelas, influenza, and cerebro-spinal meningitis have one thing in common, their method of infection, the mouth.

Mr. Leonard P. Ayers, of the Russell Sage Foundation,

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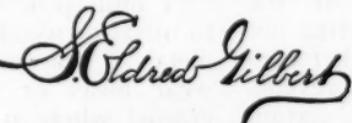
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OYEZ!

OYEZ!

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¶We claim that you can put VELVO-PHENOX into a patient's tooth, and two days later cut the tooth to pieces, if necessary, without the patient experiencing pain, and with positively no injury to the pulp.

¶You doubt it. Now, it's up to you to prove by trial either that your doubts are unfounded or our claims exaggerated. In addition to being prosecuting attorney, you are also judge and jury.

¶All we ask you to do is to send your professional card, and ask for a package of VELVO-PHENOX. Try it a month. If we've exaggerated, the prosecution wins, and returns balance of the package at our expense. If we're right, you pay us the costs—\$1.50.

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carried out a series of experiments during 1907 and 1908 and collected a mass of statistics that has proved invaluable. He found that 33% of school children belong to a class designated as "Retarded." He found these children suffering from defective teeth, hypertrophied tonsils or adenoids, the first was most common. He made a positive statement to the effect that two decayed teeth would delay a child six months in the completion of the elementary school course.

The odor produced by unsanitary conditions of the mouth and teeth is often not only offensive to others, to the extent that it prevents some from holding certain positions, where a clean mouth is essential, but it is also offensive to the individual himself. In many instances, the uncleanly condition of the mouth produces distaste for food. The tooth-brush, floss silk, and quill tooth-pick, when properly used, are an aid to health.

Select a tooth brush having medium stiff, irregular length bristles and brush your teeth before eating in the morning and before going to

bed. Brush your teeth from the gums toward the cutting edge; brushing crosswise does not remove particles from between the teeth but causes unnecessary wear to the tooth and injures the gums. Brush the inner sides of the teeth to prevent tartar from forming.

Floss silk or a quill tooth pick should be used after meals.

When using floss silk brace the fingers against the teeth so that the silk will not slip between the teeth too suddenly and injure the delicate gum structure.

A quill pick is preferable to metal or wood picks as the metal so constantly used will wear away or roughen the enamel where it is thin and the wood often breaks leaving slivers imbedded in the gum.

When using the pick do not try to dig the teeth out, but use it carefully so as not to injure the gum that occupies the space between the teeth.

Doing these things will help you to have pretty and sound teeth and a sweet breath. Remember the old saying that "Cleanliness is God-like."

Subscriptions.

"I don't think that I can subscribe to all that is in your platform," said the cautious capitalist.

"Never mind about the platform," replied the energetic worker. "How about the campaign fund?"

The Eternal Impulse.

Fair Suffragette—And now, if any one who has heard my speech wishes to ask a question, I shall be happy to answer.

Masculine voice (from rear of hall)—If you haven't any other company, may I see you home this evening?—Judge.



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THE GENERAL DEPORTMENT OF THE DENTIST

By W. R. SNEAD, D.D.S., Marianna, Fla.

Every man in every occupation of life is a common center of multiplied circles of association. First in order is the family circle; beyond that sweeps a widening social circle; then comes the circle of religious fraternity; then the political and business circle, and, finally, the broad circle of human brotherhood, embracing family, kindred, society, the church, the State and the world, to each and all of which we are bound by golden chains. Family and kindred are based on natural affection and one blood; society, on natural affinity, similarity of sympathy, position and pursuit; the church, on sympathy of religious belief; the State, on common political creed, and business or profession, on similarity and identity of pursuit.

To all these relations every man owes duties, and his success in life depends not on how he discharges one of them, but all. In all these he should seek to elevate and make the world better, and especially so in his chosen occupation or profession; for it is here that he works to the best advantage and accomplishes the greatest good. Here positions of usefulness and

power, worthy of any man's highest ambition, invite to great achievement.

The honor and dignity of our profession place it on par with the noblest callings, like the ministry or medicine. The essentials of success are based upon the same bed-rock of character and demeanor, and our deportment must be as delicately circumspect if we would command the confidence and respect of the public. Ideals are the world's masters, and to this end every profession and calling moves. While we may not attain perfection, we can in common aim high and improve. Low aim is nothing short of sin.

It is no insult to intelligence to demand that from the reception room, the operating room and the laboratory, as well as the man himself, there should come an air of refined elegance and scrupulous neatness, that should be felt and seen, inviting and commanding confidence and respect. As in a looking-glass, we behold the true inner man in his surroundings and style, and people are sensitive as a dry-plate of photography to impressions when they are exposed to the influences around them. The eye and

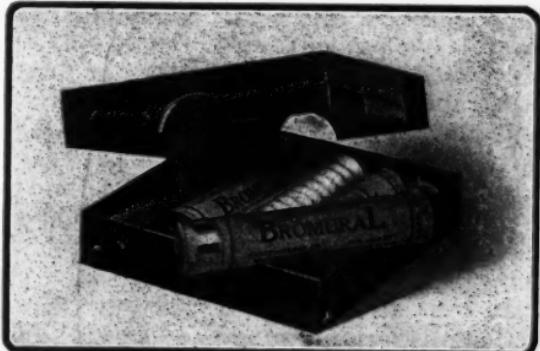
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acts as a sedative to the nervous system. In cases of slight insomnia, it produces a refreshing sleep. It is perfectly free from after-effects.



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nose and ear are all on guard for sights, sounds and smells that influence the mind, and hence the office should be as the man, above all reproach.

Towards his patients under all circumstances he should be absolute master of himself, and allow nothing, no matter how provoking, to disturb his equanimity and poise. Firmness, kindness, tolerance and patience are not incompatible. Courtesy even in contention for his convictions is an unfailing index to character, and "he that keepeth his own spirit is greater than he that taketh a city." To hold yourself in hand, to be calm and collected under trying circumstances is to be crowned as a conqueror. Towards women and children especially he should be the essence of refined chivalry and courtesy, and do nothing that in the least, even by appearances, could be construed in any light but that of beneficence. That all are exposed to great dangers in dealing with the opposite sex, is well known, and it is well to safeguard self in every possible way. Under pain and prostration patients sometimes become vindictive and malicious, and the reputation of a lifetime is imperilled by unprincipled patients. Character is so precious and of such slow growth that there is no time in our short lifetime to build up again what may be destroyed in a moment by a mistake, a misun-

derstanding, or a motive below our best.

A man's morals has more to do with success than anything mentioned. "Honesty is not only the best policy," but the best paymaster in two worlds. Unimpeachable integrity is an investment that pays large dividends in practice and per cent. The religious and ethical feature of morals is of great moment, and no man can afford to neglect "the great salvation" that is offered as a defense against all evil, and a gain for all good. Nothing will kill confidence and patronage quicker than a loose life and evil associates. An immoral man can deal a death blow to the profession in his community and drive patients and practice to other places. To drink is to destroy self and to cause a loss of confidence and a loss of patronage, as well as undermine the character of the individual. Strict temperance is the only way to safety in dealing with appetites. It inspires confidence and respect.

Character is one's supreme possession. Once worthily won, it is to be preserved at all cost. It is easily tarnished and lost. We should, however, make a distinction between character and reputation, for one may be destroyed by slander, while the other can never be harmed, except by the possessor. Malice may malign a good name, may load it with suspicions, may associate

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and blacken it beyond the reach of total recovery, but the real character can receive no injury, save by the voluntary act and choice of its owner. A man, in order to retain his reputation, may be required to compromise his character; and in order to keep his character pure, may be obliged to compromise his reputation. Character is as much more valuable than reputation, as it is more valuable than its own name. Reputation is in no man's keeping. No one can determine what others shall think or say of us. Character is made by observing and meeting all the requirements of the various circles of life spoken of in the first part of this paper, and reputation is the general public's verdict as to how we have met these issues. As a rule, the public is right, and there is no appeal from their verdict. Occasionally a good man falls beneath the ban unjustly, but the exception but proves the rule that "we are the salt of the earth" and "a city set on a hill cannot be hid."

As to the effect of enemies upon character, it may be said that they strengthen it. No man has done his whole duty unless he has enemies. If he is a positive power in the world correcting evils and abuses he will tread upon the toes of some. To be without enemies is to be without power, or to move along the paths of least resistance. This is cowardly and mean. To have a char-

acter that means something is to win it both from the curses and praises of enemies and friends. Enemies drive us to see the bad in ourselves, and friends often hurt us by flattery. We need both to build on.

Popularity is another stumbling block we should avoid if we would reach the highest good. Popularity is often bestowed with little reference to personal character. Many a man known to be immoral will have many friends, while others known to be good will not have the affections of people. Men love a generous fool, and despise a selfish wise man. We must be generous from natural impulse rather than principle or policy. To be large-minded and public-spirited and charitable is to have a host of friends, and we should not despise this. We all want to be popular and stand well in the world. But to love popularity at the sacrifice of principle is not wise, as it indicates that we are supremely selfish. We love men in spite of ourselves. Our judgment condemns them, our religious feelings are offended by them, yet the one element of good they possess compels our love, and we protest against them only in secret. On the other hand,

"I do not love thee, Dr. Fell,
The reason why I cannot
tell,
But this alone I know full
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I do not love thee, Dr. Fell!"

As this paper deals with the general deportment of the dentist, we cannot specify the particular things of his life and practice. He should have a very high regard for his profession, and should love his work above all things. No man can make a success if he makes it secondary or a side line. He contributes greatly to the world's happiness and comfort. To the tempers and characters of others and to soft speech, and ministers to appetite and digestion, clears the brain of cobwebs, banishes pain and brings good cheer and rosy health into the home of his patients. He dispenses a blessing and earns honest money with patient and weary labor, and is entitled to the respect and confidence of the world. In this art every man should be an artist seeking the great-

est good and having high ideals. Simplicity and a chaste and spotless speech, a mingling of tenderness and firmness, of sympathy and sincerity, punctuality and patience, cleanliness and Godliness, will breed a spirit and deportment that will not be put on as a garment or mask, but become the permanent possession of the practitioner.

Upon this foundation is built the general deportment of our profession which influences the general verdict of the public. No one can afford to live below the highest standards, and each can make a contribution to the common good by a wise and discreet deportment that will give confidence to the public and help the cause. To each other we should sustain an attitude of brotherly love, and allow no low jealousies to mar our perfect accord. United we stand and divided we fall.

THE PLEAS OF 10,000 EPILEPTICS IN ILLINOIS

A singularly human document is a little pamphlet entitled, "How the Uncared-for Epileptic Fares in Illinois." It is issued by the volunteer committee of fifty, which includes some of the most representative and influential men and women of the state. Through pictures and descriptions of personal experience, epileptics tell their own pathetic needs for public care. The

titles under which these stories are told tempt one to read further. Here is one of them.

UNITS FROM AN ARMY OF TEN THOUSAND

"Doctor, I can't get work. No one will have me when they find out. My friends avoid me. I am less of a man than I was six months ago. I can feel myself going. This can't go on. I know that there is no place

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Write for free supply and "Acid Test"
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Ask us to send you free sam-
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in Illinois for any man with epilepsy. But, doctor, I've got to do something. For God's sake, can't you help me? Can't I be arrested and sent to the bridewell?"

The doctor, a citizen of the seventh senatorial district, saw the young fellow walk out of the door and into the street without a shadow of a promise of help which he hoped to get. The interview was one of those tragic human contacts, a great need revealing itself to a big heart and an able, sympathetic mind, but nevertheless, as helpless as it was big and able. It left one man with a little less courage to hold himself from slipping, the other sick at heart to sit impotent in front of an appeal like that.

Many such stories are arranged in the pamphlet under senatorial districts, whose citizens and representatives in the legislature are thereby made to feel responsibility for the existence and continuance of such conditions. A map shows the population of

each district and is accompanied by a table giving the number of epileptics in each—10,000 in all.

When such concrete personal facts have driven home their appeal the contrast is drawn between what Illinois fails to do and what nine other states are succeeding in doing for these afflicted people. Over against the Illinois almshouses, insane asylums, station houses, jails and distracted homes which house many of these wretched people, the epileptic colonies of those other states are effectively pictured and their results and costs tabulated. In planning a colony for Illinois, it is estimated that provision should be made at once for 2,500 epileptics, with an acre for each patient. A program for the campaign tells what each one can do and how to do it. Enough public sentiment has been aroused to secure the passage of bills for the establishment of a colony, but never enough to secure an appropriation to carry the act into effect.—The Survey.

INEVITABLE EVOLUTION

There is a certain well-known practitioner in the city of Fanciful Fantasies, a suburb of Dreamland, who has a modern up-to-date dental office in every respect. It so chanced my experience brought me in

contact with this said scene of activity where one surprise, to say the least, awaited my humble line of thinking. In front of the operating chair, occupying a conspicuous position on the wall was the

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Credit will be given where the cash cannot be had.

Patients will please not wash in the fountain cuspidor. High water rate forces me to abandon this luxury to the laity.

All teeth extracted and filled while you wait.

All fees based upon financial standing of patient in question.

We extract no deciduous bicuspids, or third molars in children under eight years of age. A protection to ourselves and parents.

Patients should refrain from conversation while the rubber dam is in place.

Patients are earnestly requested not to swallow any instruments that may be placed in the mouth by the operator.

If your grandfather had four sets of teeth, don't tell us but notify the United States National Museum directors of New York City and representatives will call on you immediately.

Tobacco does not harm the teeth but to such patients it can make no difference.

Yes, we sterilize all instruments, including bathing our hands every meal in carbolic acid, 100 per cent. strength.

We make a feature of aviation and aeroplane plates with the latest Cur-

tis attachments. "There's a reason."

Operator reserves the right to disappear in all cases of legal proceedings brought against him. Address on special request.

When we need advice we will ask you for same.

If our work pleases tell others, if not keep your mouth shut.

No, oral hygiene is not a malady, epidemic or disease, but an epoch in evolution—a call from the primitive.

Modelling compound is a proprietary preparation, and not controlled by the Yucatan Co.

Should you unexpectedly faint while in the operating chair, don't get excited but kindly notify the operator.

The medicinal preparations used in this office are all guaranteed under the Sherman Act—subject to change without notice.

Ladies will please remove their hats, when a general anesthetic is administered.

Gentlemen will not spit on the floor—ladies have no desire to.

Yes, we generally keep an office girl but she left the other day without leaving her address. You might write her.

Any deviation from the above rules interpreted as hostile.

Further knowledge at our bureau of information.

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